

# Part I - AGENCY CONTEXT FOR PERFORMANCE MEASUREMENT

## Tomorrow

*We have wept the blood of countless ages as each of us raised high the lance of hate.*

*Now let us dry our tears and learn the dance and chant of the life cycle.*

*Tomorrow dances behind the sun in sacred promise of things to come for children not yet born,  
for ours is the potential of truly lasting beauty, born of hope and shaped by deed.*

**Peter Blue Cloud**

## Overview of the Context of GPRA in the IHS

The Indian Health Service (IHS) has embraced the Government Performance and Results Act (GPRA) and its requirements as an extension of the public health approach that we have used for almost a half of a century. In this document the initial FY 2002 and revised final FY 2001 Performance Plans have been merged with the FY 2000 Performance Report consistent with the required format developed within the Department of Health and Human Services (HHS). This plan is submitted as our best effort at meeting the demanding challenge of the proposed *Healthy People 2010* goal of achieving equivalent and improved health status for all Americans over the next decade. It presents a strategic set of performance indicators to address the significant health problems the American Indian and Alaska Native (AI/AN) population experience.

Indeed the disparity in health status that the IHS must address is formidable, particularly in terms of death rates. Comparing the 1996-1998 Indian (IHS service area) age-adjusted death rates with the U.S. all races population in 1997 reveals greater death rates in the AI/AN population for:

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| 1) alcoholism - 638% greater,             | 6) pneumonia and influenza - 67% greater, |
| 2) tuberculosis - 400% greater,           | 7) homicide - 81 % greater,               |
| 3) diabetes mellitus - 291% greater,      | 8) gastrointestinal disease- 38% greater, |
| 4) unintentional injuries - 163% greater, | 9) infant mortality - 24% greater, and    |
| 5) suicide - 91% greater,                 | 10) heart disease, 20% greater.           |

It was not surprising that a recent Harvard School of Public Health/Centers for Disease Control and Prevention (CDC) study found that the lowest life expectancies in the country (including inner city ghettos) for both men and women exists in Indian communities. These rates are similar to ones seen in sub-Saharan Africa and are the lowest of any nation in this hemisphere except Haiti. It is also not surprising that these Indian people have also been identified as living in the poorest counties in the country. Even more alarming, the most recent data (provided in Section 1.2 of this plan) documents that the mortality disparities for AI/AN people are actually worsening.

Despite these formidable challenges, the IHS in partnership with its stakeholders, view the GPRA as part of the process for assuring the capacity to serve AI/AN people. We are optimistic about the future and encouraged and appreciative of the support of the Department, OMB, and Congress in the development of this and last year's budgets and of the improved level and quality of consultation that has occurred with tribes. In particular, the regional meetings/ listening sessions convened by the Department's leadership provided a valuable dialogue process that was

informative and empowering to the AI/AN people and should contribute to enhanced collaborative activities within and outside the Department.

The performance indicators in this plan are predominately directed at improving access to health services for AI/AN people. However, it is important to acknowledge that due to the nature of many of the diseases and conditions afflicting AI/AN people, they are not likely to respond immediately to increased access to services. Like an ocean liner or large freight train which continues to move forward for a considerable time even after the engines are reversed, so will some chronic and/or life-style related conditions continue to afflict the AI/AN population. For these conditions, improved health outcomes are likely to take several or many years before they are realized. Thus, initially it will be a significant challenge to stop the escalation of disease mortality and morbidity evident from the most recent data presented in Section 1.2 of this document.

This plan and its predecessors represents significant efforts over the past three years by the IHS and its diverse stakeholders in which a "bottom-up" approach to budget formulation and GPRA performance planning has been used. This approach was adopted to support the Indian self-determination process and honor the "government to government" relationship that exists with tribes. Beginning with the development of the FY 1999 budget and Performance Plan, regional meetings were held to outline the GPRA and budget formulation process for all IHS Area Formulation Teams.

These Area teams then provided representatives of their local programs the opportunity for input and review of the Area recommendations, which were then compiled. For the past three years Area Formulation Team representatives then came together along with tribal leaders and representatives from several Indian organizations to merge and reconcile the Area recommendations into a single IHS set of budget priorities.

Using these identified budget priorities, a multidisciplinary team of stakeholders that included health program, budget, and information technology experts, epidemiologists, and IHS and tribal managers developed this plan. In addition to the identified budget priorities this plan reflects the context of the Department of Health and Human Services (HHS) Strategic Plan and the *Healthy People 2010* goals and objectives.

This performance plan and the requested budget that underpins it, represent a cost-effective public health approach to best address the health disparities that prevail for AI/AN people. By most objective measures of efficiency and effectiveness in addressing health problems, we have been and are frugal and have a proud history of accomplishments that document the achievement of significant results long before it was required by law. Over the next decade, in partnership with our stakeholders, we can accomplish even more.